

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	Gras-Masse, et al.	Examiner:	Shanon A. Foley
Serial No.:	09/555,780	Group Art Unit:	1648
Filed:	June 2, 2000	Docket:	1091-2 PCT/US/RCE
For:	MIXED LIPOPEPTIDE MICELLES FOR INDUCING AN IMMUNE RESPONSE AND THEIR THERAPEUTIC USES	Dated:	April 1, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Commissioner for Patents, P.O. Box 1450, Alexandria,
VA 22313-1450
on April 1, 2004*

Dated: 4/1/04

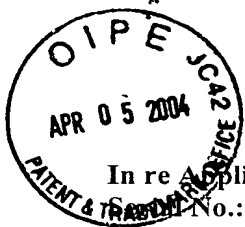
AMENDMENT UNDER 37 C.F.R. § 1.111

Sir:

This communication is in response to the final Office Action mailed October 3, 2003. Applicants also file herewith a Petition for a Three-Month Extension of Time and a Request for Continued Examination. Entry of the following amendments is respectfully requested.

Amendment to the claims are reflected in the listing of claims which begins on page 2.

Remarks begin on page 7 of this paper.



In re Application of: Gras-Masse, et al.
Serial No.: 09/555,780
Confirmation No.: 9478
Filed: June 2, 2000
For: Mixed Lipopeptide Micelles for Inducing an Immune Response and Their Therapeutic Uses

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 23	MINUS	** 25	= 0
INDEP.	* 1	MINUS	*** 3	= 0

Attorney Docket No. 1091-2 PCT/US/RCE

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on April 1, 2004

Signature. Julie X Watts

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
RATE	ADDL. FEE		RATE	ADDL. FEE
x 9=	\$	OR	x 18=	\$
x 43=	\$		x 86=	\$
x 145=	\$		x 290=	\$
TOTAL	\$ 0.00		TOTAL	\$ 0.00

☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS

- ☐ Please charge my Deposit Account No. 08-2461 in the amount of \$_____. A duplicate copy of this sheet is attached.
- ☐ A check in the amount of \$_____ is attached.
- ☒ The Commissioner is hereby authorized to charge any fees or additional fees associated with this communication or credit any overpayment to Deposit Account No. 08-2461. A duplicate copy of this sheet is attached.
- ☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.

Respectfully submitted,

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